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CITY OF LONG BEACH



Acting City Manager
 Michael Tangney
Assistant Superintendent
 Parks and Recreation
 Paul Ferrante

DEPARTMENT OF PARKS AND RECREATION

39th ANNUAL LONG BEACH BIATHLON



SUNDAY, JULY 22, 2018 – 7:45 A.M.
National Boulevard and the Beach

CHILDREN: For ages 7 - 12, a half-mile run with a 50 yard shallow swim
YOUNG TEENS: For ages 13 - 15, a one-mile run with a 150 yard swim.
ADULT: The event begins with a 3-mile run along the shoreline and concludes with a 300 yard ocean swim with land finish.

CHECK-IN: Registration and check in 7:45 a.m. – 8:30 a.m. on National Blvd. Beach
 Children and Young Teens race begins at 8:30 a.m.
 Adult race begins at 9:00 a.m.

REGISTER ONLINE: WWW.RUNSIGNUP.COM **TIMING:** Electronic Timing by START2FINISH

ENTRY FEE: \$25 (for all entrants) pre-race mail registration by July 20, 2018
 \$30 day of race (Checks payable to: City of Long Beach)
 Free T-shirt to all pre-registrants & day of race registrants while supplies last

SEND TO: Long Beach Biathlon
 Long Beach Recreation Department
 700 Magnolia Boulevard
 Long Beach, NY 11561

AWARDS: To the top five men and women in these age groups:
 16-19, 20-29, 30-39, 40-49, 50-59, 60+.
 All children ages 7 – 15 receive awards.

NOTE: The race will take place rain or shine, but the swim will be adjusted if conditions are dangerous. Running shoes are recommended.
In the event of inclement weather, call 516-705-7414 & listen to recorded message.



For information call
(516) 431-3890 or visit
www.longbeachny.gov/rec



2018 LONG BEACH BIATHLON ENTRY FORM

PLEASE PRINT CLEARLY >> PUT TELEPHONE NUMBER ON CHECK<<

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against the City of Long Beach, Long Beach Parks and Recreation Department, their representatives, successors and assigns for any and all injuries suffered by me in said event. I attest and verify that I am physically fit and sufficiently trained for the completion in both the running and swimming segments of this event and my physical condition has been verified by a licensed medical doctor.

PRINT NAME _____ **M**___ **F**___ **TELEPHONE #** _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____ **E-MAIL** _____
AGE on 7/22 _____ **D.O.B.** _____
SIGNATURE _____ **PARENT SIGNATURE** _____

(If under 17 years of age)

FOR RECREATION DEPT. USE ONLY
RECEIPT # _____ **AMOUNT PAID** _____ **DATE** _____ **STAFF** _____